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April 11, 2018

The Honorable Greg Walden  
Chairman  
House Energy & Commerce Committee  
2125 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman Walden,

We write to thank you for your leadership as the House Committee on Energy and Commerce continues to address the opioid epidemic, which is ravaging communities and families across the nation. More can and must be done both to treat the disease of opioid addiction as well as to prevent patients from becoming addicted in the first place. As the Committee demonstrates its leadership by developing comprehensive solutions to the opioid crisis, increasing patients' access to pharmacists' services must be a part of the conversation.

When traveling throughout our districts, we regularly hear from Medicare patients who are struggling to access affordable, convenient, and high quality healthcare services in their communities. We also know that these same patients are a particularly vulnerable population in the struggle against opioid addiction. In fact, in 2016, one out of every three Medicare Part D beneficiaries received at least one prescription opioid, 1 in 10 received opioids on a regular basis, and half a million received high amounts of opioids.<sup>[1]</sup> It is clear to us that more must be done to get these patients the care they need while also ensuring they fully understand how to properly use their prescribed medications. Pharmacists are trained to fill both of these roles.

That is why it is critically important the Committee support the *Pharmacy and Medically Underserved Areas Enhancement Act* (H.R. 592). Pharmacists are the face of healthcare in their communities. They are healthcare professionals trained to provide patients with basic health services and to counsel them on the safe use of their medications, including opioids. However, they are hamstrung by existing regulations and statute. H.R. 592 would empower this existing workforce by recognizing pharmacists as non-physician providers in Medicare Part B, enabling them to provide clinical services to address unmet healthcare needs of Medicare beneficiaries in underserved communities.

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<sup>[1]</sup> [HHS OIG Data Brief](#), July 2017 (OEI-02-17-00250)

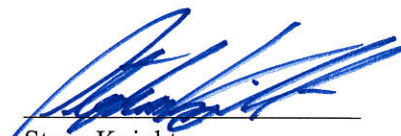
Additionally, the sponsors of the *Pharmacy and Medically Underserved Areas Enhancement Act* have developed an amendment to the original bill language that would authorize CMS to create a new pharmacist intervention program. This program would help prevent prescription drug abuse among Medicare beneficiaries by targeting at-risk patients identified in the existing CMS Overutilization Monitoring System. It would fully utilize pharmacists' training as medication experts and allow them to engage with such patients to provide specialized opioid counseling, education, and risk factor reduction services.

As cosponsors of the *Pharmacy and Medically Underserved Areas Enhancement Act*, we believe strongly more can be done for Medicare patients by increasing their access to pharmacists' services. This simple change in policy would help prevent prescription drug misuse and abuse as well as improve treatment outcomes for Medicare patients in our districts. With 259 bipartisan cosponsors, these are the types of commonsense healthcare policies our constituents need and want. And we ask you to include this bill- as amended- as the Committee continues its work to address this serious problem facing our nation.

Sincerely,



Earl L. "Buddy" Carter  
Member of Congress



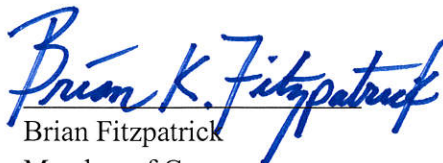
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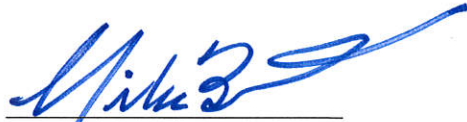
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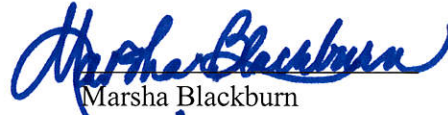
Thomas A. Garrett Jr  
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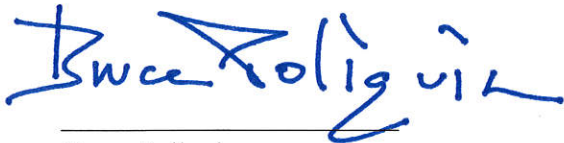
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